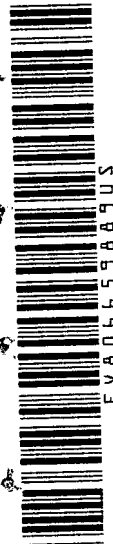


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ederal law.

Addresssee Copy
Label 11-F, April 2004



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UNITED STATES POSTAL SERVICE
MAIL
Postmaster Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Date Accepted	Scheduled Date of Delivery	Mo. Day	Employee Signature
Mo. Day Year	Month Day	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Mo. Day	Employee Signature
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
lbs. ozs.	Int'l Alpha Country Code	Mo. Day	Signature
CUSTOMER USE ONLY		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	
Postage \$		WARRANTY OF SIGNATURE (Domestic Mail Only) - Insurance is void if receiver of signature is required to be made without obtaining signature of addressee. If delivery employee judges that article can be delivered securely, signature of addressee is not required. Signature of delivery employee is required for delivery of insured articles. Signature of delivery employee is required for delivery of insured articles.	
Return Receipt Fee \$		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	
COD Fee \$		Insurance Fee \$	
Total Postage & Fees \$		Acceptance Emp. Initials	

FROM: (PLEASE PRINT)		TO: (PLEASE PRINT)	
PHONE ()	PHONE ()	JUN 11 2007	
MAIL STOP		MAIL STOP	
COUNTRIES		COUNTRIES	
PO BOX		PO BOX	
ADDRESS		ADDRESS	

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